

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)		SERIAL NO. _____ FILING DATE _____	APPLICANT(S) _____
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AS FILED				AFTER 1st AMENDMENT				AFTER 2nd AMENDMENT				CLAIMS			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50															
TOTAL IND.	1														
TOTAL DEP.	68														
TOTAL CLAIMS	69														